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CONFIRMATION NO. 5014

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO. POL0005-PCT	
10/506,664	05/02/2005	604	3736		
APPLICANTS Andrzej Czernecki, Warsaw, POLAND; Wojciech Wyszogrodzki, Warsaw, POLAND; Wojciech Sarna, Warsaw, POLAND;					
** CONTINUING DATA ***** This application is a 371 of PCT/PL03/00019 03/05/2003					
** FOREIGN APPLICATIONS ***** POLAND P.352649 03/06/2002 POLAND P.352660 03/07/2002 POLAND P.352962 03/22/2002 POLAND P.355740 08/28/2002					
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/RENE T TOWA/</u> <small>Examiner's signature</small>	<input type="checkbox"/> Met after Allowance <small>Initials</small>	STATE OR COUNTRY POLAND	SHEETS DRAWINGS 4	TOTAL CLAIMS 12 \leftarrow	INDEPENDENT CLAIMS 3 \leftarrow
ADDRESS PAUL, HASTINGS, JANOFKY & WALKER LLP 875 15th Street, NW Washington, DC 20005 UNITED STATES					
TITLE Device for puncturing patient's skin					
FILING FEE RECEIVED 625	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		